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Attorney Docket No.: 5386.224-US
Application Serial No.: 10/083,058
Filed: February 25, 2002
Inventors: Havelund et al.

Attorney Docket No.: 5386.224-US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Havelund et al

Application No.: 10/083,058

Group Art Unit: 1654

Filed: February 25, 2002

Examiner: Gupta, A.

For: Aggregates of Human Insulin Derivatives

Confirmation No. 6987

AMENDMENT AND RESPONSE

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 9, 2004 in which the Examiner rejected claims 61-69 of the above-identified application, Applicants present the following amendments and remarks.

The Amendments To The Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.



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Attorney Docket No.: 5386.224-US

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Confirmation No. 6987

Application No.: 10/083058

Group Art Unit: 1654

Filed: February 25, 2002

Examiner: Gupta, A.

For: Aggregates of Human Insulin Derivatives

CERTIFICATE OF MAILING UNDER 37 CFR 1.8(a)
Fascimile No.: 703-872-9306

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


Sir:

I hereby certify that the attached correspondence comprising:

1. Amendment
2. Amendment Fee Transmittal (in duplicate)
3. Petition and Fee for Extension of Time (in duplicate)

is being deposited with the United States Patent and Trademark Office via fax no. 703-872-9306 on March 8, 2005.

Richard W. Bork
(name of person mailing paper)


(signature of person mailing paper)

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Examiner: Gupta, A.

Confirmation No: 6987

For: Aggregates of Human Insulin

AMENDMENT FEE TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application in response to the Office Action mailed September 9, 2005.

The fee for claims has been calculated as shown below:

Total: $25 - 20 = 5 \times 50 = \250.00

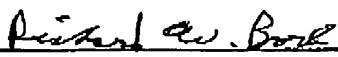
Independent: $1 - 3 = 0 \times 200 = \$0.00$

Total additional fee for claims required is \$250.00

Please charge the required claims fees, estimated to be \$250.00 to Deposit Account No. 14-1447. A duplicate of this sheet is enclosed.

Respectfully submitted,

Date: March 8, 2005


Richard W. Bork, Reg. No. 36,459
Novo Nordisk Inc.
100 College Road West
Princeton, NJ 08540
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